

EPA General Permit WAG130000 - Annual Report

Annual Report of Operations
for Year 2020

To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130022

Facility & Owner Information

Facility Name:

U.S. Fish and Wildlife Service, Quilcene National Fish Hatchery

Operator Name (Permittee):

Department of the Interior

Address:

281 Fish Hatchery Road
Quilcene, WA 98376

Email:

dan_magneson@fws.gov

Phone:

360-765-3334

Owner Name (if different from operator):

Dan Magneson

Email:

Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ NoDoes the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 32,684
Pounds of food fed to fish during the maximum month: 5016

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month <u>Released</u> /Spawned
<u>Coho Salmon</u>	<u>31,650</u>	<u>Big Quilcene River</u>	<u>April 2020</u>

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	<u>22162</u>	<u>1936</u>	July	<u>8691</u>	<u>2332</u>
February	<u>25817</u>	<u>2332</u>	August	<u>14,843</u>	<u>5016</u>
March	<u>31005</u>	<u>3872</u>	September	<u>18,734</u>	<u>3124</u>
April	<u>34301</u>	<u>4796</u>	October	<u>19,782</u>	<u>2420</u>
May	<u>4048</u>	<u>1232</u>	November	<u>21,546</u>	<u>1540</u>
June	<u>6123</u>	<u>1584</u>	December	<u>22,784</u>	<u>1628</u>

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed

Additional Comments: Fish Mortalities (juvenile) to Landfill Operation via Commercial Garbage Hauler. Adult (Spawned and Holding Pond Mortality Only) buried on station property.

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish

Additional Comments:

No Instances of Mass Mortality During 2020

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None.

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
May 2020	None were Needed	All Fish Production - Related Piping Fixtures and Concrete Surfaces

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <u>Western Chemical</u>		Generic Name: <u>Parasite-S</u>	
Reason for use:			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed		Total quantity of formulated product per treatment (specify units): <u>4.0 gallons</u>	Total quantity of formulated product used in past year (specify units): <u>275 gallons</u>
Date(s) of treatment: <u>August 21, 2020 - December 14, 2020</u>			Total number of treatments in past year: <u>50</u>
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s): <u>M-W-F 4.0 gallons dispensed over 20 minutes for adults, this is maximum level. Eggs also M-W-F, amounts variable.</u>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input checked="" type="checkbox"/> Other (describe): <u>dispensed via pump (for eggs) + adults, too</u>	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>Metered out by pump, for both. All is routed to EPA Settling Pond.</u>			

Brand Name: <u>Hach</u>		Generic Name: <u>25569-00 Free Chlorine Reagent Set</u>	
Reason for use: <u>Measure/Monitor Free Chlorine Levels (Drinking Water)</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed		Total quantity of formulated product per treatment: <u>each set = 946 mLs.</u>	Total quantity of formulated product used in past year (specify units): <u>10 sets of Reagents = 9,460 mLs.</u>
Date(s) of treatment: <u>January 1, 2020 - December 31, 2020</u>			Total number of treatments in past year: <u>All 365 days of the year</u>
Maximum daily volume of treated water: <u>per 24 hrs 1,938, 240 gallons</u>	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input checked="" type="checkbox"/> Other (describe): <u>Isolation Building not used since 2014, so Domestic Water only.</u>
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

diluting
3 Lf's.
Pre-Settling
Basin
Spill-over
Flows.